U S Department of Labor Office of Labor Management Standards Washington DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	<u></u>
AUG 2 6 2005 READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT
E	
1 File Number U 13475	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name John [J] Simmons	Name Empire State Regional Council of Carpenters
	Labor Organization File Number 038-392
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 270 Motor Parkway	Street 270 Motor Parkway
City Hauppauge	City Hauppauge
State   New York   ZIP Code + 4   11788-5150	State New York ZIP Code + 4 11788-5150
5 Position in labor organization Trustee	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name Industry Fund for Wall-Ceiling & Carpentry	Meals in the ordinary course of business relating to ways and means to advance the industry
Trade Name if any	
PO Box Bidg Room No Ifany Suite 301	
	7 b Amount
Street 125 Jericho Turnpike	
City Jericho	\$161
State New York ZIP Code + 4 11753	

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)

Signed John Dimmons

On 8/15/05

315 343-9259 Telephone Number

Name of Person Filing John Simmons	, , , , , , , , , , , , , , , , , , ,	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent or lirectly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Empire State Carpenters Fringe Benefit Funds		
Trade Name If any	X a Labor Organiza	ation
PO Box Bldg Room No If any	c Employer	[
Street 270 Motor Parkway	Maria and and an	
City Hauppauge		
State New York ZIP Code + 4 11788-5150		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ling
Name		naned fringe benefit funds between an and employers for the benefit of
Trade Name If any	menders	
P O Box Bldg Room No If any		
Street	11 b Approximate dollar val	ue of such dealing
City	12 a Nature of interest he	d or income received
State ZIP Code + 4	Attended trustee marketor of Benefineals and lodging	meetings and other Fund business as it Funds Costs include travel
	12 b Amount	\$9 792
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.	
(including trade name if any)	Meals and enterta	ninment relating to investment
Name NWQ Investment Management Co	management servic	
Trade Name If any		
P O Box Bldg Room No If any Suite 1020		
Street 15 South 5th Street	Minus and Committee of the Committee of	company
City Minneapolis	Familiary and the second secon	
State Minnesota ZIP Code + 4 55402		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	\$425

Alexand Berner Phenomen		C7- N	
Name of Person Filing John Simmons		File Number U	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Intl Foundation of Employee Benefit Plans  Trade Name if any  PO Box Bldg Room No If any Post Office Box 69  Street 18700 W Bluemound Road	a Labor Organization  b Trust  c. Employer	
City Brookfield		
State Wisconsin ZIP Code + 4 53008-0069		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Empire State Carpenters Fringe Benefit Funds  Trade Name if any  PO Box Bidg Room No if any  Street 270 Motor Parkway  City Hauppauge	Foundation sponsors educational co employee benefit plans and program Trustees admini trators and profe related employee benefit plans	s for any
State New York ZIP Code + 4 11788-5150	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Represents expense reimbursements lodging and meals relating to comm representation and program development foundation	ittee
	12 b Amount	\$10,773

Name of Person Filing John	 		File Number U	
		 	 <u></u>	 

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

you abor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name The Marco Consulting Group	a Labor Organization	
Trade Name if any	La august of garmana.	
PO Box Bldg Room No rfany	b Trust	
Street 1220 Adams Street	c Employer	
City Boston		
State Massachusetts ZIP Code + 4 02124		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Empire State Carpenters Fringe Benefit Funds	The Marco Consulting Group provide services to the Empire State Carpe	s consulting nters Fringe
Trade Name If any	Benefit Funds	
PO Box Bldg Room No If any		
Street 270 Motor Parkway		
City Hauppauge		
State New York ZIP Code + 4 11788~5150	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Dinner in Rochester with Mike Harr	en on 5/19/04
		ļ
		and a second
	12 b Amount	\$159

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Name of Person Filing John Simmons	 File Number U
Name of croom ining John Similions	 THE TRAINEST O

## **Part B Continuation Page**

B Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Empire State Carpenters Fringe Benefit Funds  Trade Name If any  PO Box Bldg Room No If any  Street 270 Motor Parkway  City Hauppauge  State New York ZIP Code + 4 11788-5150	a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name if any  P O Box Bldg Room No if any  Street  City	Collectively bargained fringe bene labor organization and employers f members	fit funds between or the benefit of
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Benefit Fund educational conference through 10/5/04 Costs include tra lodging	
	12 b Amount	\$2,290

Name of Person Filing John Simmons	File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Empire State Carpenters Fringe Benefit Funds  Trade Name If any  PO Box Bldg Room No if any  Street 270 Motor Parkway  City Hauppauge	a Labor Organization  b Trust  c Employer	
State New York ZIP Code + 4 11788-5150		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name If any  P O Box Bldg Room No If any  Street  City	Collectively bargained fringe bene labor organization and employers f members	fit funds between or the benefit of
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	<u></u>
	International Foundation of Employ conference from 12/1/04 through 12 include travel and meals	ee Benefit Plans /4/04 Costs
	12 b Amount	\$747

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Name of Person Filing John Simmons		File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name N Y S Labor-Management Council  Trade Name If any P O Box Bidg Room No If any P O Box 153  Street  City Oswego  State New York  ZIP Code + 4 13126	a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name  Trade Name if any  P O Box Bldg Room No if any  Street  City	Nonprofit organization to advance between labor and management for tworkers	
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Travel and expenses for meetings is course of Council business	n the ordinary
	12 b Amount	\$2 570

Name of Person Filing John Simmons	File Number <b>U</b>			
Part B Continuation Page				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Upstate N Y Carpenters Funds  Trade Name if any  PO Box Bldg Room No if any  Street 3195 Vickery Road  City No Syracuse  State New York  ZIP Code + 4 13212	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing			
Trade Name If any  P O Box, Bldg Room No If any  Street  City	Collectively bargained fringe benefit funds between labor organization and employers for the benefit members			
State ZIP Code + 4	11 b Approximate dollar value of such dealing			
	12 a Nature of interest held or income received			
	Benefit Fund conference from 4/25/04 - 4/28/04 in Tucson, Arizona Costs include registration, travel, meals and lodging			

12 b Amount

\$3,378

Name of Person Filing John Simmons	•	File Number U		
Part C Continuation Page				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	nment relating to actuarial		
Name DG Dickinson Group LLC	services	imment returning to accounting		
Trade Name If any	Electronic Control of the Control of			
P O Box Bldg Room No If any				
Street 825 East Gate Boulevard Suite 102	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
City Garden City		and the state of t		
State New York ZIP Code + 4 11530				
13 b Is the Business an Employer  or Consultant  ?	14 b Amount of payment	\$150		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any		The state of the s		
P O Box Bldg Room No If any	Li-militari de la companione de la compa			
	Barrier Andreas Andrea			
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any		The second secon		
PO Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
	14 b Amount of payment.			
13 b Is the Business an Employer or Consultant?				